

Peter Szanto 949-887-2369
11 Shore Pine
Newport Beach CA 92657

U.S. BANKRUPTCY COURT

DISTRICT OF OREGON

1001 SW 5th Ave #700 Portland, OR 97204 (503) 326-1500

In Re: Peter Szanto, Debtor

Adversarial # 16-ap-3114

core case:16-bk-33185-pcm7

Peter Szanto, Defendant

VS,

Declaration of

Evye Szanto, et al,
Plaintiffs

DZUNG ANH PHAM

Corroborating and

Supporting Motion for Stay

May it please the Court.

In the Motion for Stay, Debtor referenced his forth-coming surgery. The Court sought additional information from Debtor's medical professionals.

Comes now Dzung Anh Pham, physician and surgeon licensed by the State of California, to provide further corroboration.

Declaration of Dzung Anh Pham

1. My name is Dzung Anh Pham and this is my truthful declaration.
2. I am licensed by the State of California as a physician and surgeon.
3. Peter Szanto has consulted and been examined by myself in my professional medical capacity regarding many health matters since 2008.
4. I attend Mr. Szanto regularly as a medical professional and am listed in his MEDICARE insurance policy as his primary care physician.
5. I am well familiar with Mr. Szanto's health, psychology and medical conditions in the past 11 years on a continuing and on-going basis.
6. I am aware that Mr. Szanto is having major intestinal surgery on July 10, 2019; I am familiar with the medical conditions which necessitate that immediate surgery.
7. The dire gravity of Mr. Szanto's surgery cannot be emphasized strongly enough: **the high possibility of his death is imminent and real!!**
8. Mr. Szanto's very intense psychological distress arises because he is convinced that the length of recovery from the July 10, 2019

1 surgery will prevent him from timely completion of various tasks
2 related to proceedings in the Oregon Bankruptcy Court.

3
4 9. Mr. Szanto and I discussed numerous issues regarding tasks which
5 are pending in the Oregon Bankruptcy Court today.

6
7 10. Mr. Szanto's concern regarding failing to complete his various
8 pending tasks is a valid one, both psychologically and physically.

9
10 11. The outcome of major surgery can never be known with complete
11 precision: whether surgery will go awry to become immediately life
12 threatening and necessitate emergency protocols is unknown prior
13 to commencement and even as surgery transpires until some
14 sudden, unforeseen event or circumstance arises.

15
16 12. The uncertainties of post-surgery recovery are also always very
17 challenging and unpredictable.

18
19 13. Surprise bleeding, broken stitch-closures, ruptured sutures and
20 many other horrors can cause death unpredictably and quickly.

21
22
23 14. Without digressing further into recitation of the many horrific medical
24 outcomes and possible death which can fill textbooks and seminars,
25 it suffices to say that a multitude of events can go wrong with
26 surgery – creating complications, resulting in additional hospital
27 stays and other life-threatening situations.

1
2 15. My professional recommendation, based on 30 years as a medical
3 professional is that Mr. Szanto should be immediately and redaily
4 accommodated as to whatever additional time he seeks or believes
5 he needs.
6

7
8 16. The benefit of Mr. Szanto's optimistic outlook as he approaches
9 surgery far outweighs any other aspect of medical preparation.
10

11 17. Considerations of theoretical legal urgencies are wrong and
12 irrelevant here, because such lawbook notions are always
13 secondary to reality whenever the imminence of any death which
14 can be prevented by a brighter psychological outlook.
15

16 **18. Happy persons survive surgery far more often than persons**
17 **made sad and depressed by their unfinished tasks or other**
18 **trivial demands.**
19


20 19. This would be my counsel to the Bankruptcy Court: there is
21 **no** benefit to making Mr. Szanto stressed and worried from
22 unfinished tasks and other worries – when an attitude of extending
23 or staying time would be very highly therapeutic and very beneficial
24 for the best outcome of the upcoming surgery.
25
26
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28

1
2 20. I would suggest an approach of best practices pro-active assistance
3 to Mr. Szanto by extending time rather than a restrictive approach of
4 lesser time which creates demons and stresses which are most
5 contra-indicated to positive results of surgery and survival.
6

7 21. The writing of this document was assisted to me by Mr. Szanto
8 who defined legal terminology which would assist the Court.
9

10 I declare under penalty of perjury under the laws of the United
11 States the foregoing is true and correct. Signed at Irvine CA.
12

13
14
15 Dated 3 July 2019

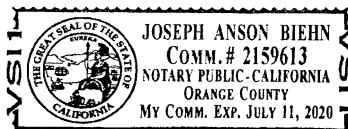


Dzung Anh Pham

16 15435 JEFFREY RD

17 IRVINE CA 92618

18
19 949-654-8455



20
21
22
23
24 **JURAT CONTINUES ON NEXT PAGE**
25
26
27
28

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of Orange }

On July 3rd, 2019 before me, Joseph Anson Biehn, Notary Public,
(Here insert name and title of the officer)

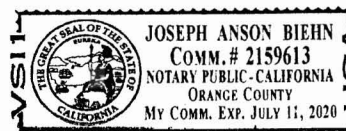
personally appeared Dzung Anh Pham,
who proved to me on the basis of satisfactory evidence to be the person(s) whose
name(s) ~~is/are~~ subscribed to the within instrument and acknowledged to me that
he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(~~ies~~), and that by
his/~~her/their~~ signature(~~s~~) on the instrument the person(s), or the entity upon behalf of
which the person(s) acted, executed the instrument: DECLARATION

I certify under PENALTY OF PERJURY under the laws of the State of California that
the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]
Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

DECLARATION
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 7 Document Date 7/3/19

CAPACITY CLAIMED BY THE SIGNER

- ☒ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

PROOF OF SERVICE

My name is Maquisha Reynolds, I am over 21 years of age and not a party to the within action. My business address is PO Box 14894, Irvine CA 92623

On the date indicated below, I personally served the within: **Supplement** on the following by placing the within document in postage pre-paid envelope addressed as:

Nicholas J. Henderson
Troy G. Sexton
care of
Motschenbacher & Blattner, LLP
117 SW Taylor St., Suite 300
Portland, OR 97204

and by mailing copies to the above parties *via* 1st class mail, postage prepaid.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct. Signed at Irvine CA.

3 July 2019 /s/signed electronically M. Reynolds